

DelDOT
Snow Removal Reimbursement Program

Change Form

Please complete when any association information has changed.

Return completed form to: Gloria Acevedo
DelDOT M & O
PO Box 778
Dover, DE 19903

Association Name:	
Association EIN Number:	
Association Address: (where reimbursement check and informational letter will be mailed) NOTE: DE W9 must be completed if association address or banking information has changed. https://w9.accounting.delaware.gov/W9form.aspx	
Name of association contact:	
Position held:	
Contact's Address: (where correspondence will be mailed)	
Home phone number:	
Work phone number:	
Email address:	
Alternate contact information: (Name, position, phone number)	
Notes/Comments:	